

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33332

State File No.

8028

Registrar's No.

FILED OCT 2 1952

BIRTH NO. 65206 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis, MO.</u> <u>6</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MO.</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Berkley</u> <u>4091</u> TOWN <u>6728 Thurston Dr.</u> d. STREET ADDRESS (If rural, give location) <u>6728 Thurston Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u> b. (Middle) <u>E.</u> c. (Last) <u>QUINN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>24</u> <u>1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Aug. 22, 1952</u>
9. AGE (In years last birthday) <u>2</u>		10. CITIZEN OF WHAT COUNTRY? <u>U</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Joseph M. Quinn</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Troll</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph M. Quinn</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature labor</u> DUE TO (c) <u>Cause undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>776X</u>		22. I hereby certify that I attended the deceased from <u>8/22</u> , 19 <u>52</u> , to <u>8/24</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8/24</u> , 19 <u>52</u> , and that death occurred at <u>11:50 am</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>428 F. O. Bissant</u> <u>St. Louis, MO.</u>	
23c. DATE SIGNED <u>8/25/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. Quinn</u>	
DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>		ADDRESS <u>1389 Union Blvd</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.